

Rare Disease as a Use Case for Access and Affordability
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Roadmap to Access & Affordability Strategies





DELIVER A ROADMAP FOR ACCESS AND AFFORDABILITY OF REGENERATIVE MEDICINE FOR ALL CALIFORNIA PATIENTS









Patient Support Services

Engagement with Payers

Creation and/or endorsement of new State policy for C>

Alpha Clinics and CCCE

Alpha Site Coordination and Alignment

Performance-Based Models

Treatment across state lines

Patient and post-marketing Registries and Data (RWE, HEOR)

Patient Navigator at CCCEs

Introduce New Payer
Mechanisms for Orphan
Products

Inpatient vs. Outpatient reimbursement

Accelerate Advocacy at community level; Medical Education

Coverage Analysis, Insurance Support, Co-Pay Assistance, Access and Appeals

Risk Pools/Coalition Partners

Align to Gov Plan on Office of Health and Affordability

State and Federal authorized treatment centers





Use Rare Disease as a use-case for discussion of the roadmap to Access and Affordability

Why?

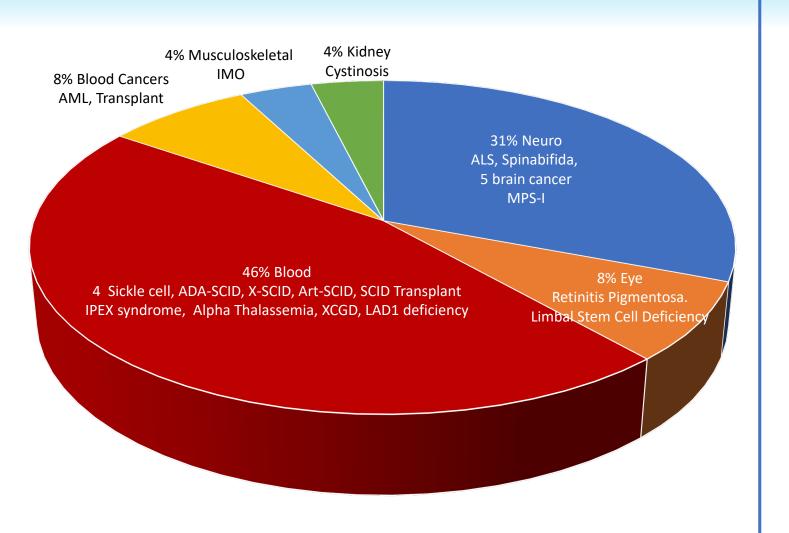
Approximately half of CIRM's portfolio is in rare disease and are advancing to later stages in the clinic.

There are ~7,000 rare diseases in the United States affecting an estimated 25 to 30 million people of which >50% are children.



Active Clinical Trial Portfolio in Rare Diseases





- Affecting Children and Adults
- Utilizing State of the Art Technologies
- Advancing Towards Registration
 - 20 Phase 1
 - 5 Phase 1/2
 - 1 Phase 2
- Total 26 Active Clinical Trials



Active Rare Diseases Grants with Accelerated Designations



Clinical Phase	Disease Area	Investigator	Institution	FDA Designation
1	Blood disorder (Artemis SCID)	Cowan Morton	UCSF	RMAT
1	Blood disorder (All SCID)	Pang, Wendy	Jasper Pharma	RMAT
1/2	LAD-1 Deficiency	Patel, Kinnari	Rocket Pharma	RMAT
1/2	Blood disorder (ADA SCID)	Kohn, Donald	UCLA	Breakthrough
1/2	Blood disorder (X SCID)	Gottschalk, Stephen	St. Jude	RMAT

RMAT: Regenerative Medicine Advanced Therapies



CIRM is Strategically Aligned with FDA/NIH's focus on Rare Diseases



FDA's Center for Biological Evaluation and Research (CBER) is expanding Rare Disease with Operation Warp Speed for C>.

Center for Drug Evaluation and Research (CDER) - Accelerating Rare Disease Cures (ARC) Program (2022) designed to speed development of treatments for Rare Diseases.

CIRM joined the Accelerating Medicines Partnership® (AMP®) program (part of the Bespoke Gene Therapy Consortium) which is a public-private partnership between the National Institutes of Health, the U.S. Food and Drug Administration, and multiple public and private organizations.



Delivery of Therapies for Rare Disease has been Uniquely Challenging



Clinical



MDs unfamiliar with the disease state Poorly understood underlying Disease Mechanisms Difficulty designing Study Endpoints

Data Generation



Limited number of Patients
Health Institutions not Equipped
HCPs and Health Personnel not trained
in Administration of Complex Therapies

Manufacturing



Small batch production GMP-requirements not up to speed Difficulty upscaling Production

Regulatory



Difficulty in Determining Standards for Approval Safety and Efficacy standards
Approval duration due to accelerated approval

Post-Marketing Requirements



Post-Marketing Commitments extending up to 15 Years Long-Term Safety Studies (Phase IV) Long-Term Efficacy Studies (Phase IV)

Commercial



Pricing Hurdles Small Target Populations Increased capital expense Prescriber confusion over appropriate use

Payer/Reimbursement



Unclear Processes for Determination of Reimbursement at Insurance Agencies Lack of Comparators to determine clinical and economic benefit of Novel Therapies Restrictive policies limiting access



Why Post-Marketing Commitments are Important



- Per FDA, all commercially approved cell and gene therapies require the manufacturer to oversee post-marketing commitments for up to 15 years.
- In addition to mandated safety reporting, post-marketing data has become instrumental for reimbursement through valuebased agreements with payers.



Rare Disease Drug Development – Post-Marketing Considerations



Phase IV (Longitudinal)

Opportunities

- Studies to determine the safety profile in the larger or in a specific patient population
- Real World Data Research to determine areas of greatest impact
- HEOR to determine the medical-economic benefits
- RWD and HEOR to aid in establishing reimbursement Structures

Phase IV (Reimbursement/Health Economic Impact)

Phase IV (Long-Term Safety and Tolerability)

Phase IV
(Evaluate if Contributing to Significant
Clinical Outcomes compared to other
therapies)

Phase IV (Study to Evaluate Cost-Benefit vs. Existing Therapies)

Phase IV
(Long-Term Efficacy and Attenuation of Effect

Phase IV
(HEOR & RWD – Therapy Optimization)



Why it's Important to Fund Post-Marketing Commitments for CIRM Programs



Real World Evidence is playing an increasing role in Healthcare Decisions and provides clinical evidence regarding the usage, benefits and risks of a medical product.

Health Economics and Outcomes Research (HEOR) generates evidence for the value of a new therapy for reimbursement and healthcare payers.

Benefits of Investing in Post-Marketing Infrastructure can bridge the gap to RWD and HEOR

Real World Evidence

HEOR

Broader insights into drug safety and efficacy
Creates a diverse set of real-life data to study
Identify feasibility and access hurdles
Enhanced and Targeted Research
Will meet FDA's framework for RWE under
21st Century Cures Act

- Support for Coverage Decisions (valuebased contracting)
- Cost Effectiveness and Utility
- Quality-of-Life Data
- Patient Reported Outcomes



Summary of Access and Affordability Topics



- Patient Support Service
- New Payer Models
- Inpatient to outpatient setting (e.g., CAR-T)
- State and Federal Policy (e.g., CCEA)
- Alpha Clinics and Community Care Centers of Excellence (CCCE)
- Real World Data
- Health Economics Outcomes and Research (HEOR)
- Next Topic: Coverage Analysis, Access and Appeals, Co-Pay, Risk Pools





Thank you and Discussion